



# **Strategies to Help Communities Prevent Youth Violence:**

## **A STRYVE Resource**

This document is not an endorsement from CDC or HHS of any specific program, policy, or practice.

This document is by no means a comprehensive list of prevention strategies that are based on the best available evidence.  
These strategies have been shown to reduce risks, increase buffers, and/or lower the occurrence of youth violence.



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# Achievement Mentoring

(Formerly Behavioral Monitoring and Reinforcement Program)



For Ages	12 – 14 years old (7th to 9th grade)
Specific Outcomes:	Lower rates of delinquency, Lower rates of drug abuse, Higher attendance and grades, Higher graduation rates
Implementation setting:	Schools
Content delivered by:	Trained mentors
Populations:	Urban, Suburban, Low-income
Cost:	\$17,000 includes: implementation, training (up to 10 mentors), manuals, technical support, and fidelity measure
Language:	English
Evidence Ratings:	Blueprints: Promising

**Overview:** Achievement Mentoring (AM) is a school-based intervention to help prevent juvenile delinquency, substance use, and school failure for high-risk adolescents. Achievement Mentoring provides a school environment that allows students to realize that their actions can bring about desired consequences, and it reinforces this belief by eliciting participation from teachers, parents, and individuals. The two year intervention begins when participants are in seventh grade and includes monitoring student actions, rewarding appropriate behavior, and increasing communication between teachers, students, and parents. Program staff checks school records for participants' daily attendance, tardiness, and official disciplinary actions, and they contact parents by letter, phone, and occasional home visits to inform them of their children's progress. Teachers submit weekly reports assessing students' punctuality, preparedness, and behavior in the classroom, and students are rewarded for good evaluations. Each week, 3-5 students meet with a staff member to discuss their recent behaviors, learn the relationship between actions and their consequences, and role-play prosocial alternatives to problem behaviors; they are also rewarded for refraining from disruptive behavior during these meetings.

**Developer Contact:**  
[bbry@rci.rutgers.edu](mailto:bbry@rci.rutgers.edu)

**Technical Assistance Website:**  
<http://supportiveschools.org>

**Technical Assistance Contact:**  
[sbarr@princetonleadership.org](mailto:sbarr@princetonleadership.org)

## For additional information:

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=761f22b2c1593d0bb87e0b606f990ba4974706de>

Communities implementing Achievement Mentoring may consider measuring some of the following items before, during, and after implementation: commitment to school, rates of delinquency, rates of drug use/abuse, school attendance and grades, and graduation rates.

# Alcohol Policy Interventions

Effective strategies for youth violence prevention do not always come in the form of a specific program or manualized set of practices. There are also broader categories of practices or approaches that can be effective for youth violence prevention, or for addressing the risk and protective factors for youth violence. It is important to note that these broader categories of strategies are very difficult to evaluate, because each implementation or application of the strategy may look quite different than the next.

**Overview:** Youth alcohol consumption has a wide range of harmful consequences, including increased risk for experiencing violence. Laws, policies, and strategies to reduce youth alcohol consumption may include limits on commercial availability by managing outlet density and days and hours of alcohol sales, limiting social availability and youth possession in conjunction with social host liability ordinances, and enhancing enforcement of laws prohibiting sales to minors. Existing evidence on alcohol policies indicates that these strategies may be effective in reducing general crime and disorder. However, the evidence for violence more specifically is still emerging.

**Encouraging Examples:** Community action in Richmond, Virginia, led to licensing requirements on the sale of single-serve alcoholic beverages in convenience and grocery stores. During the six months in which the policy was in effect, rates of ambulance pick-ups for violence and injury-related incidents among 15-24 year olds decreased sharply, from 19.6 per 1000 15-24 year olds at baseline, to 0 during the intervention period. The Richmond experience illustrates the potential impact of alcohol policies on rates of violence. For further information on the efforts in Richmond and the empirical evaluation with respect to violence, see Masho, Bishop, Edmonds, and Farrell's 2013 paper in *Prevention Science*.

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## For additional information:

The Guide to Community Preventive Services:

<http://www.thecommunityguide.org/alcohol/index.html>

Alcohol outlet density resources:

<http://alcoholpolicy.org/alcohol-policy-resources/alcohol-outlet-density/>

Surgeon General's Call to Action, Community Guide:

<http://www.surgeongeneral.gov/library/calls/underage-drinking-community-guide.pdf>

Communities implementing Alcohol Policy Interventions may consider measuring some of the following items before, during, and after implementation: availability of alcohol, density of alcohol outlets, rates of alcohol use among minors, and alcohol-related violent injuries treated in emergency departments.

# Big Brothers Big Sisters of America (BBBSA)



For Ages	6 – 8 years old (Childhood) 9 – 12 years old (Middle Childhood) 13 – 18 years old (Adolescence)
Specific Outcomes:	Lower rates of initiation of alcohol and drug use, Lower rates of peer violence, Lower rates of truancy, and better academic achievement, Improves relationships with family
Implementation setting:	Big Brothers Big Sisters agencies in community settings
Content delivered by:	Adult volunteer mentors
Populations:	All races/ethnicities Military children Children with incarcerated parents Urban
Cost:	Varies; minimum \$150,000/year for 3 years.
Language:	Varies by location
Evidence Ratings:	Blueprints: Promising CrimeSolutions.gov: Effective

**Overview:** Big Brothers Big Sisters of America is a mentoring program designed to assist young people up to age 18 reach their potential through matched support from an adult volunteer (persons aged 18 or over). Targeted youth have associated risk factors such as: living in a single-parent residence, a history of abuse and neglect, growing up in poverty or those coping with parental incarceration. The mentoring program offers participants a positive and supportive role model by meeting with the youth three to five hours weekly with a one year commitment. Mentors provide an adult role model that fosters an individual's value of personal growth and relationships, with friends and families.

## Program Website:

[http://www.bbbs.org/site/c.9iILl3NGKhK6F/b.5962351/k.42EB/We\\_are\\_here\\_to\\_start\\_something.htm](http://www.bbbs.org/site/c.9iILl3NGKhK6F/b.5962351/k.42EB/We_are_here_to_start_something.htm)

## For additional information:

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=fe5dbbcea5ce7e2988b8c69bcfdde8904aabc1f>  
 CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=112>

Communities implementing Big Brothers Big Sisters of America may consider measuring some of the following items before, during, and after implementation: aggression and/or rates of peer violence, community disorder, youth involvement in prosocial activities, academic achievement, commitment to school and rates of truancy, positive social orientation, presence of prosocial non-parental adults in a child's life, rates of initiation of alcohol and drug use, and quality of familial relationships.



# Boys and Girls Club Gang Prevention Through Targeted Outreach



For Ages	6 – 8 years old (Childhood)
Specific Outcomes:	Lower juvenile justice contact, Decreased delinquent behavior, Improved school outcomes, Increased levels of positive peer and family relationships
Implementation setting:	Boys and Girls Club agencies in community settings
Content delivered by:	Trained staff
Populations:	Urban
Cost:	No cost information available
Language:	Any; Varies by mentor
Evidence Ratings:	This program is not endorsed by Blueprints or CrimeSolutions.gov. It is included because it addresses gang involvement. There are a limited number of programs and strategies that have strong evidence of effectiveness in reducing gang involvement and gang violence. More research is needed to evaluate the efficacy of this program in preventing violence.

**Overview:** The Gang Prevention Through Targeted Outreach approach was initiated to build a network of local community representatives (including community agencies, schools, social service organizations, courts, and police and other law enforcement officials) to assess their local gang problem, recruit youth (ages 6 to 18) who are at risk of gang membership, and focus efforts and resources on the reduction of gang involvement by providing these at-risk youth with alternative activities. This approach is a community-wide effort to connect youth with positive adults. The major goal of the program is to satisfy youth interests and their social and physical needs by providing prosocial activities. These activities center around five target areas: character and leadership development; health and life skills; the arts; sports, fitness, and recreation; and education. In addition to the activities provided in the program, the youth are provided with counselors and are tracked for the first year of their participation while being mainstreamed into normal club activities.

## Program Website:

<http://www.bgca.org/whatwedo/SpecializedPrograms/Pages/DelinquencyandGangPreventionInitiative.aspx>

Communities implementing Boys and Girls Club Gang Prevention Through Targeted Outreach may consider measuring some of the following items before, during, and after implementation: rates of juvenile justice contacts, delinquent behavior, gang involvement, school outcomes (commitment and achievement), quality of peer and family relationships, and alcohol/substance use.

# Brief Strategic Family Therapy (BSFT)

For Ages	6 – 17 years old
Specific Outcomes:	Lower rates of behavior problems, Lower rates of substance use, Decrease in socialized aggression
Implementation setting:	Outpatient counseling centers and mental health agencies
Content delivered by:	Certified Brief Strategic Family Therapy therapists
Populations:	White, Hispanic, African Americans; Urban, Rural, Suburban
Cost:	Licensing fee \$4,000 per site per year; Three 3-day, on-site staff training workshops (includes program manuals and handouts) \$16,200 per site for a team of four therapist trainers; Annual 2-day booster workshop \$5,000 per site plus travel expenses; Site readiness assessment \$5,000 per site plus travel expenses; Supervision package \$15,600 per site; Monthly supervisory consultation \$7,200 per site per year; Quarterly fidelity ratings \$2,400 per year.
Language:	Any; Varies by therapist
Evidence Ratings:	CrimeSolutions.gov: Promising

**Overview:** The Brief Strategic Family Therapy program is a short-term, problem-focused approach to the treatment of adolescent conduct problems, associations with antisocial peers, drug use and their accompanying maladaptive family interactions. The program is delivered in 12-16 weekly sessions involving the entire family and seeks to change family interactions. Three intervention components allow family members to relate to one another by: joining the family, diagnosing patterns that allow or encourage problematic youth behavior, and restructuring family interactions to maintain the problems to more effective and adaptive behaviors. This program has been delivered as a prevention, early intervention and intervention strategy for delinquent or substance using adolescents. Trained therapist work with families either at their home or in-office and typically provide convenient hours, transportation, and childcare when sessions are held in the office.

## Program Website:

<http://www.bsft.org/>

## For additional information:

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=245>

Communities implementing Brief Strategic Family Therapy may consider measuring some of the following items before, during, and after implementation: behavior problems, substance use, aggression, and family conflict.



# Business Improvement Districts



Effective strategies for youth violence prevention do not always come in the form of a specific program or manualized set of practices. There are also broader categories of practices or approaches that can be effective for youth violence prevention, or for addressing the risk and protective factors for youth violence. It is important to note that these broader categories of strategies are very difficult to evaluate, because each implementation or application of the strategy may look quite different than the next.

**Overview:** A Business Improvement District (BID) is a nonprofit organization created by neighborhood property owners or merchants to provide services, activities, and programs to promote local improvements and public safety. Property and business owners in a discrete geographical area pay a special assessment or tax to fund the services and activities that they identify as most needed in their community. Services and activities frequently include security patrols, parking and traffic management, and making physical improvements to the environment in which they are situated. In areas where problems such as crime and disorder are evident, Business Improvement Districts represent a means for facilitating collective action. Through levied assessments, Business Improvement Districts enable groups of property owners to pool their resources and contribute to the cost of services that they may not be able to afford by themselves.

**Encouraging Examples:** An evaluation of 30 Business Improvement Districts in Los Angeles neighborhoods showed a 12% reduction in the incidence of robbery, an 8% reduction in the total incidence of violent crimes, and 32% fewer police arrests over time compared with non-Business Improvement District areas. A cost analysis found that Business Improvement Districts also resulted in cost savings due to reduced crime rates, reduced arrests, and lower prosecution-related expenditures.

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## For additional information:

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=67>

Los Angeles Program Website: <http://cityclerk.lacity.org/bids/>

City of New York: <http://www.nyc.gov/html/sbs/html/neighborhood/bid.shtml>

Communities implementing Business Improvement Districts may consider measuring some of the following items before, during, and after implementation: general crime rates (by arrest or by incident reports), violent crime rates, availability of alcohol/drugs, and gang activity or involvement.

# Communities That Care



For Ages	All. Surveys administered to those ages 10 – 17 years old
Specific Outcomes:	Lower rates of delinquent behaviors, Lower rates of substance use, Decreased likelihood to initiate delinquent behavior and substance use
Implementation setting:	Communities
Content delivered by:	Community coordinator
Populations:	Suburban , Urban
Cost:	Start-up: \$6,059. Training and technical assistance: \$23,296. Additional costs accrue with subsequent phases of the program.
Language:	English
Evidence Ratings:	Blueprints: Promising CrimeSolutions.gov: Promising

**Overview:** Communities that Care (CTC) is a system for planning and marshaling community resources to address problematic behavior, such as aggression or drug use, in adolescents. It has five phases to help communities work toward their goals. The Communities That Care system includes training events and guides for community leaders and organizations. The main goal is to create a “community prevention board” comprising public officials and community leaders to identify and reduce risk factors while promoting protective factors by selecting and implementing tested interventions throughout the community. Repeated assessments are incorporated into the Communities That Care system to serve as an ongoing evaluation of the program and as a guidepost for communities dealing with adolescent health and behavioral problems.

Communities That Care requires six training events, delivered between six months and one year to get the system in place in communities. Certified Communities That Care trainers lead community leaders and other local figures through the five phases of the program. Phase One, or “Getting Started,” is where communities organize and identify community issues. Phase Two, “Getting Organized,” has these early organizations reach out to key leaders and involve more of the community. Phase Three, or “Developing a Community Profile,” is where research comes in: in this phase, communities should collect data, analyze risk and protective factors, and assess available resources that can be used to address the issues at hand. Phase Four, known as “Creating a Comprehensive Community Action Plan,” is where organized communities merge the data gathered with the stated problems and create clear measurable outcomes that the community can work to resolve.



# Communities That Care



Communities That Care is implemented in a community through a five-phase process over a 1-2 year period:

1. Get Started—assessing community readiness to undertake collaborative prevention efforts;
2. Get Organized—getting a commitment to the Communities That Care process from community leaders and forming a diverse and representative prevention coalition;
3. Develop a Profile—using epidemiologic data to assess prevention needs;
4. Create a Plan—choosing tested and effective prevention policies, practices, and programs based on assessment data; and
5. Implement and Evaluate—implementing the new strategies with fidelity, in a manner congruent with the programs' theory, content, and methods of delivery, and evaluating progress over time.

## Program Website:

<http://www.sdr.org/CTCInterventions.asp>

<http://www.communitiesthatcare.net/>

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## For additional information:

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=9a3e61b6bcc8abec08f195526c3132d5a4a98cc0>

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=94>

Communities implementing Communities That Care may consider measuring some of the following items before, during, and after implementation: aggression, delinquency, violent delinquency, rates of substance use/abuse, age at onset of problem behavior, and attitudes toward antisocial behavior.

Effective strategies for youth violence prevention do not always come in the form of a specific program or manualized set of practices. There are also broader categories of practices or approaches that can be effective for youth violence prevention, or for addressing the risk and protective factors for youth violence. It is important to note that these broader categories of strategies are very difficult to evaluate, because each implementation or application of the strategy may look quite different than the next.

**Overview:** Community Policing is a set of ideas and practices in policing that involves working with communities as equal and essential partners in crime and violence prevention. Communities and their residents set the agenda and priorities for police activities and allocation of resources. Community Policing recognizes that the police cannot effectively deal with every issue alone, and must partner with others who share a mutual responsibility for resolving problems. Community Policing stresses prevention, early identification, and timely intervention to deal with issues before they become unwieldy problems. Individual officers tend to function as general-purpose practitioners who bring together both government and private resources to achieve results. Officers are encouraged to spend considerable time and effort in developing and maintaining personal relationships with citizens, businesses, schools, and community organizations.

Features of Community Policing will vary widely from place to place, but typical features involve the presence of mini- or sub-stations so that officers have a personal presence in smaller geographic areas, officers getting out of their cars and “walking the beat” on foot patrol so that they interact more freely and informally with community members, and a flattening of the police hierarchy such that patrol officers are empowered to find creative solutions to community concerns and engage non-police partners in coordinated action to address community concerns.

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## For additional information:

Bureau of Justice Assistance: Understanding Community Policing: <https://www.ncjrs.gov/pdffiles/commpp.pdf>

Communities implementing Community Policing may consider measuring some of the following items before, during, and after implementation: community disorder, rates of general crime, and rates of violent crime.

# Coping Power Program



For Ages	8 – 13 year olds
Specific Outcomes:	Decreased delinquency, Decreased substance use, Improved social competence
Implementation setting:	Schools
Content delivered by:	Teachers
Populations:	Suburban Urban African Americans
Cost:	\$1,500 Training (on-site or online); \$733 Intervention materials (for 5 students and their parents)
Language:	English
Evidence Ratings:	Blueprints: Promising CrimeSolutions.gov: Promising

**Overview:** The Coping Power Program (CPP) is a cognitive-based intervention delivered to aggressive children and their parents during the children’s transition to middle school. The program aims to increase competence, study skills, social skills, and self-control in aggressive children as well as improving parental involvement in their child’s education. The Coping Power Program is a multicomponent intervention based heavily on cognitive–behavioral therapy, which emphasizes increasing and exercising parenting skills and the child’s social skills. The child component of the Coping Power Program draws from anger management programs that concentrate on decision-making, attributions, and peer pressure.

The full Coping Power Program (34 child sessions, 16 parent sessions) requires 15 to 18 months to implement. An abbreviated version (24 child sessions, 10 parent sessions) is also available, which can be administered in one academic year. The parent component provides parents with instruction on parenting skills, including rule setting, appropriate punishment, stress management, and family communication. The parent component concentrates on parenting and stress-management skills, while the child component involves the use of school-based focus groups and emphasizes anger management and social problem-solving skills. Parents also meet with the Coping Power Program staff to help them understand and prepare for future adolescence-related and general education issues, and to give them the tools necessary for a smooth transition to middle school.



# Coping Power Program



## Program Website:

<http://www.copingpower.com/>

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## For additional information:

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=2a79f14120945873482b7823caabe2fcde848722>

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=241>

Communities implementing the Coping Power Program may consider measuring some of the following items before, during, and after implementation: aggression, delinquency, association with delinquent peers, age at onset of problem behaviors, family process measures including conflict, harsh and inconsistent parenting, parental monitoring, and perceived parental expectations, school indicators including commitment, achievement, and graduation rates, substance use/abuse, and social competence.



# Crime Prevention through Environmental Design (CPTED) (Built Environment Interventions)

Effective strategies for youth violence prevention do not always come in the form of a specific program or manualized set of practices. There are also broader categories of practices or approaches that can be effective for youth violence prevention, or for addressing the risk and protective factors for youth violence. It is important to note that these broader categories of strategies are very difficult to evaluate, because each implementation or application of the strategy may look quite different than the next.

**Overview:** Crime Prevention through Environmental Design is based upon the theory that the proper design and effective use of the built environment can reduce crime, reduce the fear of crime, and improve the quality of life. Built environment implementations of Crime Prevention through Environmental Design seek to dissuade offenders from committing crimes by manipulating the built environment in which those crimes proceed from or occur.

## Main Components:

1. Natural Surveillance – Lighting and landscape play an important role by allowing others to see and be seen.
2. Natural Access Control – This includes the entrance and exit from building and properties and may include alterations to building design or site layout.
3. Territorial Enforcement – Defined property limits to indicate open or private spaces include fences and signage.
4. Maintenance – Neglected or poorly maintained properties are breeding grounds for criminal activity. If nuisances, such as inoperable vehicles, graffiti, and broken windows, exits the neighborhood will ultimately decline.

**Encouraging Examples:** A systematic literature review of the effectiveness of crime prevention through environmental design in reducing robberies, published in 2000 (Casteel), showed prevention effects ranging from -84% to -30%. Robbery reductions were larger for interventions comprising basic store design, cash control, and training components. Early warning robbery reduction and police response as well as hidden surveillance cameras resulted in decrease robberies over time (Casteel, 2000).

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## For additional information:

National Crime Prevention Council – Crime Prevention through Environmental Design Training:  
<http://www.ncpc.org/training/training-topics/crime-prevention-through-environmental-design-cpted->

National Crime Prevention Council – Crime Prevention through Environmental Design Training:  
<http://www.cptedtraining.net/>

Communities implementing Crime Prevention through Environmental Design or other built environment interventions may consider measuring some of the following items before, during, and after implementation: community disorder, general crime rates and/or violent crime rates (by arrests or by incident calls).



# Cure Violence

(Formerly Chicago CeaseFire)



For Ages	All
Specific Outcomes:	Lower rates of gun-related batteries and arrests, Lower rates of retaliation killings
Implementation setting:	Communities
Content delivered by:	Community outreach workers
Populations:	African American Hispanic Urban
Cost:	Not available
Language:	Any; varies according to population and outreach workers
Evidence Ratings:	CrimeSolutions.gov: Promising

**Overview:** Cure Violence (Formerly Chicago CeaseFire) is a violence-prevention program that uses a public health approach to reduce shootings and killings by using highly trained street violence interrupters and outreach workers, public education campaigns, and community mobilization. Rather than aiming to directly change the behaviors of a large number of individuals, Cure Violence concentrates on changing the behavior and risky activities of a small number of selected members of the community who have a high chance of either “being shot” or “being a shooter” in the immediate future. The activities of Cure Violence are organized into five core components, which address both the community and those individuals who are most at risk of involvement in a shooting or killing:

1. Street-level outreach
2. Public education
3. Community mobilization
4. Faith leader (clergy) involvement
5. Police and prosecutor participation

First, the program aims to change operative norms regarding violence, both in the wider community and among its clients through community mobilization, a public education campaign, and mentoring efforts of outreach workers who are trained to influence beliefs about the appropriateness of violence. Outreach workers are charged with stimulating norm change among clients and guiding them toward alternatives to shooting as a way of solving problems. Outreach workers counsel a small group of young clients, who are recruited from the streets and not through institutions, and connect them to a range of services. They also conduct a significantly high number of conflict mediations. Second, the program provides on-the-spot alternatives to violence when gangs and individuals on the street are making behavior decisions. Finally, the program aims to increase the perceived risks and costs of involvement in violence among high-risk, largely young people. Actions by the police and prosecutors, as well as tougher antigun legislation, are seen as targeting the risks surrounding involvement in shootings.





# Cure Violence

(Formerly Chicago CeaseFire)



## Program Website:

<http://cureviolence.org/>

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## For additional information:

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=205>

Communities implementing Cure Violence may consider measuring some of the following items before, during, and after implementation: gun-related incidents including assaults, homicide, gang involvement, and aggression.



# Drug Abatement Response Team (DART)



Effective strategies for youth violence prevention do not always come in the form of a specific program or manualized set of practices. There are also broader categories of practices or approaches that can be effective for youth violence prevention, or for addressing the risk and protective factors for youth violence. It is important to note that these broader categories of strategies are very difficult to evaluate, because each implementation or application of the strategy may look quite different than the next.

**Overview:** The Drug Abatement Response Team (DART) is a program designed to reduce drug dealing at residential rental properties by encouraging improved property management practices. It leverages the authority of civil law to pressure landlords into addressing problems at rental properties where drug problems had been identified.

The program is geared towards landlords and attempts to motivate positive changes through the possibility of nuisance abatement, which is a civil process whereby a property owner is sued to resolve public nuisances (such as drug dealing or prostitution) at a property. A suit carries the possibility of a large fine or even the loss of the property.

**Encouraging Examples:** Experience suggests that the Drug Abatement Response Team initiatives are related to reduced street drug activity and violent offenses. Several cities have successfully carried out the Drug Abatement Response Team programs and others have implemented similar effective programs with renters and property owners. For example, the San Diego Drug Abatement Response Team addresses private rental properties that have been subjected to some form of drug enforcement. This group of properties received a letter emphasizing the legal action the city of San Diego could take if the owners did not resolve the drug dealing problems at their property. The letter instructed owners to contact the police so that an interview could be scheduled; if the owner did not contact the police, the police followed up with them. At the scheduled meeting, the owner and police are joined by a member of the city's Code of Compliance. They all inspect the property and developed a plan for mitigating drug activities.

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## For additional information:

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=88>

Communities implementing the Drug Abatement Response Team may consider measuring some of the following items before, during, and after implementation: substance use, community disorder, drug arrests, and violent offenses.



# Early Risers “Skills for Success”



For Ages	6 – 12 years old
Specific Outcomes:	Improved academic confidence, Improved parental discipline, Improved self-regulation of aggression
Implementation setting:	School
Content delivered by:	Teachers and trained school staff
Populations:	High-risk behavior Rural White
Cost:	\$7,000: training (3-full days on-site up to 15 persons and room and board) – 5 copies of manual, curriculum on CD-ROM; Recommend social emotional skills curriculum
Language:	English
Evidence Ratings:	CrimeSolutions.gov: Promising

**Overview:** The Early Risers ‘Skills for Success’ Program is a comprehensive preventive intervention that targets elementary school children (ages 6 to 10) who are at high risk for early development of conduct problems (i.e., who display early aggressive, disruptive, or nonconformist behaviors). The Early Risers Program aims to prevent high-risk children’s further development of problem behaviors by improving their social and academic skills and intervening in their family environment. The goal of Early Risers is to alter the developmental trajectory of early aggressive, high-risk children onto a more adaptive developmental pathway. Intervention components of Early Risers integrate social learning, social development, and cognitive–behavioral models.

A “family advocate” (someone with a bachelor’s degree and experience working with children/parents) coordinates the child- and family-focused components. The child-focused component has three parts: (1) Summer Day Camp, offered 4 days per week for 6 weeks and consisting of social-emotional skills education and training, reading enrichment, and creative arts experiences supported by a behavioral management protocol; (2) School Year Friendship Groups, offered during or after school and providing advancement and maintenance of skills learned over the summer; and (3) School Support, which occurs throughout each school year and is intended to assist and modify academic instruction, as well as address children’s behavior while in school, through case management, consultation, and mentoring activities performed by the family advocate at school.

The family-focused component has two parts: (1) Family Nights with Parent Education, where children and parents come to a center or school five times per year during the evening, with children participating in fun activities while their parents meet in small groups for parenting-focused education and skills training;



# Early Risers “Skills for Success”



and (2) Family Support, which is the implementation of an individually designed case plan for each family to address their specific needs, strengths, and maladaptive patterns through goal setting, brief interventions, referral, continuous monitoring, and, if indicated, more intensive and tailored parent skills training.

## Program Website:

<http://www.psychiatry.umn.edu/research/earlyrisers/home.html>

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## For additional information:

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=140>

Communities implementing Early Risers Skills for Success may consider measuring some of the following items before, during, and after implementation: aggression, onset of problem behavior, academic achievement, parental discipline and quality of relationship, and community disorder.



For Ages	12 – 17 years old (adolescence)
Specific Outcomes:	Decreased problem behavior , Improved family functioning, Lower rates of substance use, Lower rates of risky sexual behavior
Implementation setting:	Schools, Community-based agencies, Homes
Content delivered by:	Trained facilitators
Populations:	Hispanic/Latino Universal Selective Urban
Cost:	\$50,000 for implementation package, which includes training for up to 10 facilitators
Language:	Spanish-speaking facilitators required
Evidence Ratings:	Blueprints: Promising CrimeSolutions.gov: Promising

**Overview:** Familias Unidas is a family-based intervention for Hispanic families with children ages 12-17. The program is designed to prevent conduct disorders; use of illicit drugs, alcohol, and cigarettes; and risky sexual behaviors by improving family functioning. Familias Unidas is guided by eco-developmental theory, which proposes that adolescent behavior is affected by a multiplicity of risk and protective processes operating at different levels (i.e., within family, within peer network, and beyond), often with compounding effects. The program is also influenced by culturally specific models developed for Hispanic populations in the United States.

The intervention is delivered primarily through multiparent groups, which aim to develop effective parenting skills, and family visits, during which parents are encouraged to apply those skills while interacting with their adolescent. The multiparent groups, led by a trained facilitator, meet in weekly 2-hour sessions for the duration of the intervention. Each group has 10 to 12 parents, with at least 1 parent from each participating family. Sessions include problem posing and participatory exercises. Group discussions aim to increase parents’ understanding of their role in protecting their adolescent from harm and to facilitate parental investment.

# Familias Unidas



## Program Website:

<http://www.familias-unidas.org/>

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## For additional information:

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=6c4c04be8f82a4e053bde03dd716d59c841cfda9>

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=79>

Communities implementing Familias Unidas may consider measuring some of the following items before, during, and after implementation: problem behavior, family functioning including parental involvement, monitoring and supervision, and quality of relationship with parents, rates of substance use, and high-risk sexual behavior.



# Families and Schools Together (FAST)



For Ages	4 – 12 years old
Specific Outcomes:	Improvements in teacher-reported aggressive behavior , Improvements in problem behaviors, Improvements in academic competence
Implementation setting:	School
Content delivered by:	Trained facilitators
Populations:	Urban Tribal Universal Selective
Cost:	Training package: \$6,045, plus travel expenses
Language:	English
Evidence Ratings:	CrimeSolutions.gov: Effective

**Overview:** Families and Schools Together (FAST) is a multifamily group intervention designed to build relationships between families, schools, and communities to increase well-being among elementary school children. The program’s objectives are to enhance family functioning, prevent school failure, prevent substance misuse by the children and other family members, and reduce the stress that children and parents experience in daily situations. The program begins when a teacher or other school professional identifies a child with problem behaviors who is at risk for serious future academic and social problems. The professional refers the family for participation in the program, and trained recruiters—often Families and Schools Together graduates—visit the parents at home to discuss the school’s concerns and invite them to participate in the program. The family then gathers with 8 to 12 other families for 8 weekly meetings, usually held in the school. The meetings, which typically last 2½ hours, include planned opening and closing routines, a family meal, structured family activities and communications, parent mutual-support time, and parent–child play therapy. These group activities support parents to help teach their child to connect to the cultures of work and school. Collaborative teams of parents/caregivers, professionals (e.g., substance abuse or mental health professionals), and school personnel facilitate the groups, which meet at the school at the end of the school day. With each cycle of Families and Schools Together implementation, 30 to 50 students in one grade level and their families can participate. Team members represent the ethnic or cultural background of the families participating in the program. Families participate in a graduation ceremony at the end of 8 weeks and then continue to participate in monthly follow-up meetings, run by the families, for 2 years.



# Families and Schools Together (FAST)



## Program Website:

[http://www.wcer.wisc.edu/projects/projects.php?project\\_num=64](http://www.wcer.wisc.edu/projects/projects.php?project_num=64)

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## For additional information:

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=185>

Communities implementing Families and Schools Together may consider measuring some of the following items before, during, and after implementation: aggression and other problem behaviors, academic achievement, and school dropout.





For Ages	12 – 14 years old
Specific Outcomes:	Lower rates of smoking, Lower rates of alcohol use
Implementation setting:	Homes
Content delivered by:	Printed materials and follow-up telephone calls with health educators
Populations:	Rural Suburban Urban Tribal Universal
Cost:	~140.00 per case, including: personnel, materials, phone calls, office supplies, etc.
Language:	English and Spanish
Evidence Ratings:	CrimeSolutions.gov: Effective

**Overview:** Family Matters is a family-directed program that reduces tobacco and alcohol use among 12- to 14-year-olds. The intervention is delivered through four booklets mailed to the home and through follow-up telephone calls by health educators. The booklets contain lessons and activities designed to motivate families to participate in the program and encourage families to consider characteristics related to adolescent substance use. Booklet content includes communication skills, parenting styles, attachment and time together, educational encouragement, conflict resolution, availability of tobacco and alcohol in the home, family rules about child use of tobacco and alcohol, and insights into peer and media influences.

Four booklets are successively mailed home to parents, along with token participation incentives of a Family Matters–imprinted pencil, button, balloon, or magnet. After each mailing, health educators phone parents to encourage them to complete the book and any included parent–child activities, and to answer questions. Each booklet contains information based on behavioral science theory and research and includes participant activities. The adolescent’s mother or mother surrogate is usually the program contact. She is asked to participate in the program and to involve additional adult family members. Adult family members are asked, in addition to reading the booklet, to complete activities with the adolescent that exercise key program content areas such as communication skills and rule setting. Some of the reading material and activities are for adult family members only, while other parts of the program are for the adult family members and the adolescent. The health educators who conduct follow-up calls after each booklet is completed never interact directly with the adolescent as part of program delivery. Health educators can be culled from within the implementing organization or surrounding community (school nurses, teachers, college students, business professionals are all candidates). Health care educators can be paid staff or volunteers.

# Family Matters



## Program Website:

<http://familymatters.sph.unc.edu/introduction.htm>

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## For additional information:

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=75>

Communities implementing Family Matters may consider measuring some of the following items before, during, and after implementation: tobacco and alcohol use, and community disorder.



# Functional Family Therapy (FFT)

For Ages	11 – 18 years old
Specific Outcomes:	Reductions in marijuana use, Lower rates of criminal recidivism, Reductions in violent and felony crimes
Implementation setting:	Community-based agencies or organizations
Content delivered by:	Trained providers, such as: trained probation officers, mental health technicians, and degreed mental health professionals.
Populations:	Multicultural and multiethnic including, African Americans and Mexican Americans; At-risk youth: Conduct Disorder, Oppositional Defiant Disorder, or Disruptive Behavior Disorder; Serious/Violent Offender, Young Offenders; Rural, Suburban, and Urban
Cost:	90-day costs range between \$1,600 and \$5,000 for an average of 12 home visits per family. Current costs vary and are highly dependent on cost of labor
Language:	English
Evidence Ratings:	Blueprints: Model CrimeSolutions.gov: Effective

**Overview:** Functional Family Therapy (FFT) is a family prevention and intervention program targeting problems of at-risk youth and their families. Functional Family Therapy is a short-term program, 8-12 one-hour sessions for lower risk situations, and 26-30 one hour sessions for difficult situations, to effectively change maladaptive behaviors as well as reduce personal, societal and economic burdens from disruptive behavior disorders of youth. Functional Family Therapy integrates 5 phases, engagement, motivation, relational assessment, behavioral change and generalization, to decrease risk factors and increase protective factors. Interventionist delivers services to clients at home, school, clinics, juvenile court, and at time of re-entry from institutional placement.

## Program Website:

<http://www.fftinc.com/>

## For additional information:

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=0a57cb53ba59c46fc4b692527a38a87c78d84028>

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=122>

Communities implementing Functional Family Therapy may consider measuring some of the following items before, during, and after implementation: marijuana use, rates of criminal offending including violent offending, and gang involvement.

# Gang Resistance Education and Training (G.R.E.A.T.)



For Ages	9-14 years old (Middle school students)*
Specific Outcomes:	Lower rates of gang membership, Lower rates of delinquency, Positive attitudes toward police, , Greater resistance to peer pressure, Fewer positive attitudes about gangs
Implementation setting:	Schools
Content delivered by:	Law enforcement officers and specialists in criminology, sociology, psychology, education, and health.
Populations:	Urban
Cost:	Costs vary, depending on site and implementation. Certain components are provided free, including the Gang Resistance Education and Training Officer Training Certification Course, student handbooks, and the student graduation certificates.
Language:	English
Evidence Ratings:	This program is not endorsed by Blueprints or CrimeSolutions.gov. It is included because it addresses gang involvement. There are limited programs and strategies that have strong evidence of effectiveness in reducing gang involvement and gang violence. More research is needed to evaluate the efficacy of this program in preventing violence.

\*Only age group with evidence-based effectiveness

**Overview:** The Gang Resistance Education and Training (G.R.E.A.T.) program is a school-based prevention program is intended to provide skills to eliminate delinquency, youth violence and gang membership. This program is conducted in schools and facilitated by law enforcement officials in order to lower levels of victimization, modify views of gangs, increase attitudes and beliefs about enforcement and reduce risk-seeking behaviors.

There have been four programs developed:

- Elementary School - six-session program aims to prevent violence while developing a positive bond between youths and police enforcement.
- Middle School - 13-session program designed to encourage students to make health choices to be involved with pro-social activities and persons rather than delinquent ones. The program emphasizes being an active listener and being able to understand verbal and non-verbal communications.
- Summer Training - six-sessions providing students with positive activities over the summer months and provides opportunities for social, cognitive and personal growth.
- Family Training - six-session program strengthens family relations through parent and youth engagement in lessons designed to facilitate better communication and family decision-making skills.



# Gang Resistance Education and Training (G.R.E.A.T.)



## Program Website:

<http://www.great-online.org/>

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## For additional information:

Communities implementing Gang Resistance Education and Training may consider measuring some of the following items before, during, and after implementation: gang involvement, general delinquency, quality of relationship with parents, and attitudes toward police, gangs, and antisocial behavior.



# Good Behavior Game

For Ages	6 – 10 years old
Specific Outcomes:	Lower rates of antisocial behavior, Lower rates of substance use, Lower rates of violent and criminal behavior among males in the “high aggression” trajectory
Implementation setting:	Schools
Content delivered by:	Teachers
Populations:	Universal, general Rural, suburban, urban African American
Cost:	Implementation Material Set, \$600 per teacher, includes teacher manual, classroom rules poster, 50 student desk cards, 50 student booklets, 50 parent letters, a rubber stamp, and a timer; Coach material set, \$200 per coach; On-site training can range \$4000-\$10,000; Certifying coach for 1-year \$34,250-\$40,000
Language:	English
Evidence Ratings:	Blueprints: Promising CrimeSolutions.gov: Effective

**Overview:** Good Behavior Game (GBG) is a classroom management strategy designed to improve aggressive/disruptive classroom behavior and prevent later criminality. Coaches begin working with teachers to provide training and develop guidelines to implement the game and the use of rewards. Good Behavior Game is implemented in three phases. In the introduction phase, teachers and students become familiar with the game. Students are assigned to work in teams, and are individual responsible to the rest of their team for success. Before the game begins, teachers identify disruptive behaviors that will result in a team receiving a checkmark. By the end of the game, teams that have not exceeded the maximum number of remarks are rewarded, while those teams that have are not rewarded. In the expansion phase, duration and targeted behaviors are explained. During later phases, compliance with the classroom rules outside of Good Behavior Game periods are encouraged by explaining to students that the rules are applicable when the game is not played. Eventually, teachers begin the game with no warning at different periods throughout the day and students begin monitoring their behaviors and conform to expectations.

# Good Behavior Game



## Program Website:

<http://www.air.org/focus-area/education/?id=127>

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## For additional information:

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=91032ad7bbcb6cf72875e8e8207dcfba80173f7c>

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=188>

Communities implementing Good Behavior Game may consider measuring some of the following items before, during, and after implementation: aggression, rates of antisocial behavior, rates of violent behavior, rates of substance use, age at onset of problem behavior, and attitudes toward antisocial behavior.



# Guiding Good Choices



For Ages	12 – 14 years old (Middle school)
Specific Outcomes:	Lower rates of substance use, Lower rates of negative interactions between mothers and youth, Improved parent-youth relationships and communication
Implementation setting:	Schools Community agencies
Content delivered by:	Trained facilitators
Populations:	Universal Rural
Cost:	Program kit \$840, Program materials \$1,079, Family guide \$14
Language:	English and Spanish
Evidence Ratings:	Blueprints: Promising CrimeSolutions.gov: Effective

**Overview:** Guiding Good Choices (GGC), formerly Preparing for the Drug Free Years, is a prevention program that provides parents of children in 6th grade (12 to 14 years old) with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family, and teach skills that allow children to resist drug use successfully. Guiding Good Choices is based on research that shows that consistent, positive parental involvement is important to helping children resist substance use and other antisocial behaviors. Formerly known as Preparing for the Drug Free Years, this program was revised in 2003 with more family activities and exercises. The current intervention is a five-session curriculum that addresses preventing substance abuse in the family, setting clear family expectations regarding drugs and alcohol, avoiding trouble, managing family conflict, and strengthening family bonds. Sessions are interactive and skill based, with opportunities for parents to practice new skills and receive feedback, and use video-based vignettes to demonstrate parenting skills. Families also receive a Family Guide containing family activities, discussion topics, skill-building exercises, and information on positive parenting.

## Program Website:

<http://www.channing-bete.com/prevention-programs/guiding-good-choices/guiding-good-choices.html>

## For additional information:

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=ca3512f4dfa95a03169c5a670a4c91a19b3077b4>

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=77>

Communities implementing Guiding Good Choices may consider measuring some of the following items before, during, and after implementation: rates of substance use, quality of familial relationships including harsh or inconsistent parenting, and rates of child maltreatment.





# Head Start/Early Head Start

For Ages	0 – 5 years old
Specific Outcomes:	Positive cognitive constructs: pre-writing, pre-math, vocabulary, parent reports on child’s literacy skills
Implementation setting:	Child care/preschool
Content delivered by:	Trained/experienced child care takers
Populations:	Universal
Cost:	This information is not available.
Language:	English

**Overview:** Head Start and Early Head Start are comprehensive child development programs that serve children from birth to age 5, pregnant women, and their families. They are child-directed programs whose overall goal is to increase school readiness of young children in low-income families by addressing:

- physical well-being and motor development
- social and emotional development
- approaches to learning
- language development and emerging literacy
- cognition and general knowledge

Recruitment strategies of individual Head Start programs vary, but all programs develop selection criteria (e.g., family income, family size, employment status of parents, special needs, risk factors of the child) to determine which children can enroll first in the program and how to rank remaining families on a waiting list. Based on the unique situation and resources of the community and the needs of the children and families served, local Head Start programs are free to vary their practices and approaches, provided that at a minimum they carry out the philosophy, principles, and goals of the Head Start program and meet the established performance standards. This flexibility to shape local programs to best address the needs of children, their families, and communities is intended to keep the program relevant in an ever-changing environment.

All Head Start programs, either directly or through referral, provide comprehensive education and social services, support physical and mental health, and address nutritional needs of enrolled children and their families. All programs are provided training and technical assistance to continually enhance their effectiveness. The opportunity to vary practices and approaches is simply an attempt to ensure that the program meets the needs of the children and families in each community.



# Head Start/Early Head Start



## Program Website:

<http://www.acf.hhs.gov/programs/ohs/>

## Endorsements:

Promising Practices Network: <http://www.promisingpractices.net/program.asp?programid=268>



# Highscope Preschool

(Previously known as Perry Preschool Project)



For Ages	Families of children 3-4 years old
Specific Outcomes:	Reduced delinquency, Fewer arrests, Less Gang fights, Lowered police contact
Implementation setting:	Schools
Content delivered by:	Teachers
Populations:	African Americans High-risk Low socio-economic status
Cost:	Varies depending on scope and curriculum implemented
Language:	English

**Overview:** Highscope Preschool (previously known as Perry Preschool Project) is a school-based curriculum program that consists of a 30-week school year. This project aims to intervene early in a child's life to affect their attitude and disposition toward school and learning. Children attend daily 2 ½-hour classroom sessions and the family attends a weekly 1 ½-hour home session. The school curriculum supports individualized teaching and learning. Children are encouraged to participate in activities that involve making choices and solving problems to contribute to their intellectual, social, and physical development. The home sessions encourage mothers to be involved in their child's educational experiences and allow teachers to assist mothers with problems that may be occurring in the home. To provide added support and encouragement, teachers also set up group meetings for mothers and fathers to attend.

## Program Website:

<http://www.highscope.org/Content.asp?ContentId=282>

## For additional information:

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=5b384ce32d8cdef02bc3a139d4cac0a22bb029e8>

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=143>

Promising Practices Network: <http://www.promisingpractices.net/program.asp?programid=128>

# Hot Spots Policing

Effective strategies for youth violence prevention do not always come in the form of a specific program or manualized set of practices. There are also broader categories of practices or approaches that can be effective for youth violence prevention, or for addressing the risk and protective factors for youth violence. It is important to note that these broader categories of strategies are very difficult to evaluate, because each implementation or application of the strategy may look quite different than the next.

**Overview:** Hot Spots Policing was borne of the recognition that crime is not randomly distributed across space. According to a Minneapolis study, over half of all crimes reported to the police occurred in only 3% of locations in the city. The study further indicates that predatory crime is even more concentrated by place; all reported robberies, rapes, and auto thefts occurred in just 5% of places. These small clusters of high-density-crime areas have come to be known as “hot spots” of crime. Crimes perpetrated by juveniles appear to be particularly clustered; thirty-three percent of juvenile crime incidents in Seattle occurred in just 86 one-block street segments. Targeted or directed patrol is the hallmark of the hot spots strategy – alternatively called predictive policing or intelligence-led policing.

**Encouraging Examples:** Five rigorous evaluations support the notion that Hot Spots Policing is an effective policing strategy for preventing general crime and disorder. In one location, citizen calls to police for service declined by 6 to 13%. Significant reductions in street fight calls, property calls, narcotics calls, robbery incidents, and property crime incidents were also observed.

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## For additional information:

National Institute of Justice: Identifying Hot Spots: <http://www.nij.gov/topics/law-enforcement/strategies/hot-spot-policing/identifying.htm>

Overview of implementation: <http://nij.gov/topics/law-enforcement/strategies/hot-spot-policing/welcome.htm>

Communities implementing Hot Spots may consider measuring some of the following items before, during, and after implementation: general arrests, violent arrest, gang involvement, and community disorder.



For Ages	0 – 5 years old (Early Childhood) 6 – 12 years old (Childhood)
Specific Outcomes:	<p><i>Child program:</i> Lower rates of conduct problems, Improvements in child problem-solving Increased children's school readiness (defined as social competence, emotional regulation and parent involvement),</p> <p><i>Parent program:</i> Lower rates of conduct problems for children, Increased nurturing parenting, decreased harsh discipline, and more parent/school involvement</p> <p><i>Teacher program:</i> Lower rates of conduct problems and problem behavior for children, Increased use of proactive teaching strategies including positive discipline and more focus on students' social and emotional competence</p>
Implementation setting:	Outpatient, home, school, and community setting
Content delivered by:	Therapists, counselors, teachers, and others to run parent, teacher, and child groups
Populations:	Children, at risk for and/or presenting with conduct problems: aggression, defiance, oppositional and impulsive. Urban
Cost:	\$1,300/each program [parent, teacher, and child components]
Language:	Chinese, Danish, Dutch, English, French, Norwegian, Portuguese, Russian, Spanish, and Swedish
Evidence Ratings:	Blueprints: Promising (Parent program); Promising (Child program); Promising (Teacher/Classroom program) CrimeSolutions.gov: Effective

**Overview:** The Incredible Years Series is a set of comprehensive and developmentally-based curriculums to help parents and teachers provide young children (0-12 years) with a strong emotional, social and academic foundation so as to achieve the longer term goal of reducing the development of depression, school dropout, violence, drug abuse and delinquency in later years. The Incredible Years, parent series, has shown significant increases in parent positive affect, reduction in parental depression, increases in positive family communication, as well as reduced conduct problems in children's interactions with parents. The teacher series has shown significant increases in teacher use of praise and encouragement and reduced use of criticism and harsh discipline, and reductions in peer aggression in the classroom. The child training series has shown significant increases in children's appropriate cognitive problem-solving strategies and reductions in conduct problems at home and school. Materials included with this program are interactive

# Incredible Years



and designed to be user friendly. It includes a manual, facilitator scripts, homework or classroom activities, refrigerator notes outlining key points, videos, and books.

## Program Website:

<http://www.incredibleyears.com/>

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## For additional information:

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=7719a1c782a1ba91c031a682a0a2f8658209adbf>

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=194>

Communities implementing Incredible Years may consider measuring some of the following items before, during, and after implementation: child problem-solving, school readiness and commitment to school, conduct problems, parenting practices (harsh and inconsistent discipline, parental involvement), substance use, and positive social orientation.



For Ages	18 – 24 years old (College aged youth)
Specific Outcomes:	Reduced frequency and heavy use of alcohol, Reduced rates of driving after drinking Reduced initiation, quantity, and heavy use of marijuana, Increased hours of sleep, Improved social and health-related quality of life
Implementation setting:	Colleges
Content delivered by:	Trained educators
Populations:	College students
Cost:	Program kits for two interventionist (include CD and online training) \$1999; Additional interventionist kits available for \$499
Language:	English
Evidence Ratings:	Blueprints: Promising

**Overview:** InShape is a brief intervention designed to reduce drug abuse and increase positive mental and physical health outcomes among college students ages 18-25. InShape is a strengths-based program targeting naturally motivating positive social and future images of youth, as well as self-regulation habits, to increase positive behavior and self-identity changes among young adults. InShape specifically targets avoidance of alcohol, tobacco, and illicit drugs and increases in physical activity and exercise, healthy eating, sleep, and stress management.

The key components of InShape include (1) a self-administered fitness behavior-image screen measuring targeted health habits and self-images, (2) a fully scripted and standardized one-on-one consultation using PowerPoint slides to provide brief, tailored feedback to participants and highlight key positive image content, and (3) a goal plan that provides fitness recommendations and facilitates commitment to setting goals and achieving positive change across several health habits, leading to a desired future self-image.

InShape is offered to individual participants in a single session of approximately 30 minutes. It can be used as a standalone intervention, as was the case in the study reviewed for this summary; a supplement to other programs; or a continual booster session. Fitness specialists implementing InShape are not required to have special qualifications, but they must receive orientation training to know how to effectively administer and evaluate the program and tailor it to specific populations and settings.

**Program Website:**

<http://www.briefhealthprograms.com/>

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**For additional information:**

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=2473f01571bf0dcb7d2b16d67da6dd031769947d>

Communities implementing InShape may consider measuring some of the following items before, during, and after implementation: substance and alcohol initiation and use.





# Life Skills Training (LST)



For Ages	Elementary School Students (grades 3-6) Middle/junior high school students (grades 6-9) High school students (grades 9-12)
Specific Outcomes:	Lower rates of alcohol and substance use, Lower normative beliefs about alcohol and substance use, Lower rates of violence and delinquency
Implementation setting:	Schools
Content delivered by:	Teachers
Populations:	Ethnic minority students (primarily African-American and Hispanic) Inner-city urban, Suburban, and Rural populations
Cost:	Student Guide 10-pack: \$50-\$60; Teaching Manual: \$85
Language:	English and Spanish
Evidence Ratings:	Blueprints: Model CrimeSolutions.gov: Effective

**Overview:** Life Skills Training is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. Life Skills Training is based on both the social influence and competence enhancement models of prevention. Consistent with the theoretical framework, Life Skills Training addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth navigate developmental tasks, including skills necessary to understand and resist pro-drug influences. Life Skills Training is designed to provide information relevant to the important life transitions that adolescents and young teens face, using culturally sensitive and developmentally and age-appropriate language and content. Facilitated discussion, structured small group activities, and role playing scenarios are used to stimulate participation and promote the acquisition of skills. Separate Life Skills Training programs are offered for elementary school (grades 3-6), middle school (grades 6-9), and high school (grades 9-12).

## Program Website:

<http://www.lifeskillstraining.com/index.php>

## For additional information:

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=ac3478d69a3c81fa62e60f5c3696165a4e5e6ac4>

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=186>

Communities implementing Life Skills Training may consider measuring some of the following items before, during, and after implementation: substance use, attitudes towards violence, rates of violence and delinquency.



# Little Village Comprehensive Gang Model



For Ages	12 – 25 years old
Specific Outcomes:	Lower rates of gang initiation, Lower arrests for serious gang crime
Implementation setting:	Communities
Content delivered by:	Outreach workers
Populations:	Urban
Cost:	Unknown
Language:	English
Evidence Ratings:	CrimeSolutions.gov: Promising

**Overview:** The Little Village Comprehensive Gang Model is based on the assumption that gang violence is a product of social disorganization. The Little Village Comprehensive Gang Model calls for community institutions—including law enforcement, social welfare agencies, and grass roots organizations—to work together to achieve a more integrated, team-oriented approach. The model identifies five core elements, or strategies that communities should incorporate into their programs to achieve successful outcomes: community mobilization, social intervention, provision of social opportunities, suppression, and organizational change and development of local agencies and groups. The outreach worker builds relationships with clients and other gang members, recruit gang members, serves as the intervention team’s eyes and ears on the street. They also work with clients on employable skills, recognize and reinforce positive behavior, and resolve difficulties between clients, their families, other youth, and/or agencies. The best outreach workers have strong ties to the local community and existing relationships with community members.

## Program Website:

<http://www.nationalgangcenter.gov/Content/Documents/Street-Outreach-Comprehensive-Gang-Model.pdf>

## Training and Technical Assistance Website:

<http://www.nationalgangcenter.gov/Comprehensive-Gang-Model/Training-and-Technical-Assistance>

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## For additional information:

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=278>

Communities implementing the Little Village Comprehensive Gang Model may consider measuring some of the following items before, during, and after implementation: gang initiation, and gang-related arrests or calls for service.

# Multidimensional Treatment Foster Care (MTFC)



For Ages	3 – 6 years old (Preschool-aged children) 7 – 11 years old (Middle childhood) 12 – 17 years old (Adolescence)
Specific Outcomes:	Lower rates of incarceration, Fewer arrests, Lower rates of drug use (tobacco, marijuana, and other drugs, Fewer violent offenses, Lower rates of running away from foster programs, Improved school attendance and homework completion
Implementation setting:	Foster care agencies
Content delivered by:	Trained foster parents and treatment specialists
Populations:	Out-of-home placed children; At-risk; Incarnated youth;
Cost:	\$3,900 to \$7,000 per child/month (programmatic and implementation costs)
Language:	English Dutch Swedish
Evidence Ratings:	Blueprints: Model CrimeSolutions.gov: Effective

**Overview:** The Multidimensional Treatment Foster Care (MTFC) program aims to reduce problem behavior and increase developmentally normative and prosocial behavior in children and adolescents who are in need of out-of-home placement. Youth placed in this program are referred by juvenile, foster care, and mental health systems. Youth are placed with a foster family for six to twelve-months and have received extensive training to assist youth in their development. The treatment goals are accomplished by providing close supervision, fair and consistent limits, a supportive role with at least one mentoring adult and reduced exposure to peers with similar problems. The intervention is multifaceted and includes behavioral and training support for foster parents, family therapy for biological parents, skills training and supportive training for youth, and school-based behavioral interventions and academic support for the youth. There are 3 model programs based on age (preschool, middle and adolescents) to provide extensive behavioral, social and parental support. Foster parents report daily on youth’s behavior and progress and include the occurrence of a behavior and if the foster parent found that behavior to be stressful. The program supervisor gains insight into the effectiveness of the treatment plan and provides adjustments in the treatment interventions that are individualized to the behaviors of each child.



# Multidimensional Treatment Foster Care (MTFC)



## Program Website:

<http://www.mtfc.com/>

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## For additional information:

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=632667547e7cd3e0466547863e1207a8c0c0c549>

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=141>

Communities implementing Multidimensional Treatment Foster Care may consider measuring some of the following items before, during, and after implementation: aggression, age at onset of problem behavior, attitudes toward antisocial behavior, rates of general and violent offending, academic achievement, and substance use.



# Multisystemic Therapy (MST)

For Ages	12 – 17 years old (Adolescence)
Specific Outcomes:	Lower rates of juvenile and adult recidivism, Fewer days of incarceration Lower rates of alcohol and drug use, Lower rates of violent offenses Increases in family cohesion, Lower rates of peer aggression
Implementation setting:	Community agencies; Homes; Schools
Content delivered by:	Trained therapists
Populations:	Serious/violent juvenile offenders Rural, Suburban, and Urban
Cost:	Average: \$4,800 per participant
Language:	English Spanish
Evidence Ratings:	Blueprints: Model CrimeSolutions.gov: Effective

**Overview:** Multisystemic Therapy is an intense family and community-based treatment program that focuses on male and female youth, chronic and violent offenders. The program focuses on their entire world including: their homes and families, schools and teachers, neighbors and friends. The assigned Multisystemic Therapy therapist goes to where the youth lives, hangs out and attends school and must meet with family members and other people in the youth's life more than once a week and is on-call 24/7 to attend to the family when necessary. The interventions are designed to increase the caregivers' parenting skills, improve family relations, involve youth with friends who are not involved with criminal behavior, help the youth get better grades, and help the youth get involved in positive activities, such as sports or school clubs. This approach has achieved long-term results at reducing re-arrests rates and out-of-home placements. The Multisystemic Therapy framework has been applied to 13 adaptation areas which are currently in later stages of development and implementation, including: child welfare and neglect, substance abusing youth, HIV-positive adolescents, juvenile sex offenders, etc.

# Multisystemic Therapy (MST)



## Program Website:

<http://mstservices.com/>

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## For additional information:

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=cb4e5208b4cd87268b208e49452ed6e89a68e0b8>

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=192>

Communities implementing Multisystemic Therapy may consider measuring some of the following items before, during, and after implementation: aggression, violent offending, association with delinquent peers, attitudes toward antisocial behavior, gang involvement, substance use, academic achievement, and involvement in prosocial activities.



# Nurse-Family Partnership



For Ages	0 – 2 years old
Specific Outcomes:	Fewer arrests for children whose mothers participated in Nurse-Family Partnership, Lower rates of alcohol use among children whose mothers participated in Nurse-Family Partnership, Fewer instances of running away for children whose mothers participated in Nurse-Family Partnership, Fewer arrests for mothers who participated in Nurse-Family Partnership, Fewer reports of child abuse and neglect for mothers who participated in Nurse-Family Partnership, Fewer behavioral problems due to alcohol and drug abuse for mothers who participated in Nurse-Family Partnership
Implementation setting:	Home
Content delivered by:	Nurses
Populations:	Low-Income At-risk pregnant women bearing their first child White African American Hispanic/Latino Urban Suburban
Cost:	Estimated ~\$3,200 per family per year
Language:	English
Evidence Ratings:	Blueprints: Model CrimeSolutions.gov: Effective

**Overview:** Nurse-Family Partnership provides services to low-income, first time pregnant mothers of any age to address problems of substance abuse and other behaviors that contribute to family poverty, subsequent pregnancies, poor maternal and child outcomes and limited opportunities for children. Nurses provide training and support to mothers during pregnancy and completes 64 visits over 2 ½ years. Nurses assist the mother in developing small achievable goals to build the mothers confidence to manage the demands of caregiving and become economically independent. During pregnancy, the nurses train mothers to have a healthy pregnancy to ensure delivery of a healthy baby. Once the child is born, nurses continue to coach the mother through breastfeeding, bathing the baby, and changing diapers as well as child development and planning for their future. Although mothers are the primary client, ultimately her baby and support system become involved in the program.

# Nurse-Family Partnership



## Program Website:

<http://www.nursefamilypartnership.org/>

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## For additional information:

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=972a67c48192728a34979d9a35164c1295401b71>

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=187>

Communities implementing Nurse-Family Partnership may consider measuring some of the following items before, during, and after implementation: substance and alcohol use, general and violent arrests, age at onset of problem behavior, harsh and inconsistent parenting, parental monitoring and supervision, and academic achievement.





# Olweus Bullying Prevention Program



For Ages	K – 12th grade (Children and Adolescents)
Specific Outcomes:	Reductions in self-reported bullying, Reductions in self-reported victimization, Decreases in other forms of delinquency and anti-social behavior such as theft, vandalism, and truancy found in the original Norway study and South Carolina replication, Improvements in positive social relations found
Implementation setting:	School
Content delivered by:	Teachers, School Staff
Populations:	Universal
Cost:	Approximately \$12,280 per school
Language:	English
Evidence Ratings:	Blueprints: Promising

**Overview:** The Olweus Bullying Prevention Program, designed for elementary and middle schools, targets the problem of bullying at three levels: school, classroom, and individual. The school level components include assessment of the nature and frequency of bullying in the school, formation of a committee to coordinate the prevention program, and works with staff to develop a system to ensure adult supervision of students outside the classroom. Classroom components include defining and enforcing rules against bullying, group discussions, and activities reinforcing anti-bullying values and norms. This component also requires active parent involvement. Individual components include interventions with students who have a history of bullying and/or victimization.

## Program costs vary and are explained in further detail:

Blueprints:

<http://www.blueprintsprograms.com/programCosts.php?pid=17ba0791499db908433b80f37c5fbc89b870084b>

<http://www.blueprintsprograms.com/factSheet.php?pid=17ba0791499db908433b80f37c5fbc89b870084b>

## Program Website:

<http://www.clemson.edu/olweus/trainers.html>



# Operation Ceasefire (Boston, Mass.)



For Ages	8 – 24 years old
Specific Outcomes:	Decrease in rates of youth homicides, Lower rates of gun assaults, Reduced calls for service for gunshots fired
Implementation setting:	Communities
Content delivered by:	Police
Populations:	Urban Gang member, high risk offenders, young offenders
Cost:	There is no cost information available for this program.
Language:	English
Evidence Ratings:	CrimeSolutions.gov: Effective

**Overview:** Operation Ceasefire’s goals are to carry out a comprehensive strategy to apprehend and prosecute offenders who carry firearms, to put others on notice that offenders face certain and serious punishment for carrying illegal firearms, and to prevent youths from following the same criminal path. This program is just one element of a collaborative, comprehensive strategy, and should be systematically implemented. The Operation Ceasefire intervention is a focused deterrence strategy.

- Operation Ceasefire’s first main element is a direct law-enforcement strategy aimed at illicit firearms traffickers who supply youths with guns.
- The second element, known as the “pulling levers” strategy, involves deterring violent behavior by chronic gang members by reaching out directly to gangs, saying explicitly that violence will not be tolerated, and by following every legally available route when violence occurs.

Operation Ceasefire uses a pulling-levers approach, which attempts to prevent gang violence by making gang members believe that severe consequences will follow from violence and gun use, motivating them to change their behavior. The program’s suppression tactics include numerous warrants and long sentences for chronic offenders, aggressive enforcement of probation restrictions, and deployment of Federal enforcement powers. The prevention strategy is centered on an ambitious communications campaign involving meetings with both community groups and gang members. Everyone in the community is informed that gang violence will provoke a zero-tolerance approach and that only an end to gang violence will stop new gang-oriented suppression activities. However, these activities should be combined with a variety of other law enforcement strategies and grassroots community initiatives to combat crime.



# Operation Ceasefire (Boston, Mass.)



## Program Website:

<https://www.ncjrs.gov/pdffiles1/nij/188741.pdf>

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## For additional information:

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=207>

Communities implementing Operation Ceasefire may consider measuring some of the following items before, during, and after implementation: homicides, gun assaults, exposure to violence, and gang involvement.



# Parent-Child Interaction Therapy



For Ages	3 – 12 year olds
Specific Outcomes:	Lower rates of behavior problems, Decreased rates of reoccurrence of physical abuse, Increased parental satisfaction and sense of competence, Reduced rates of parent negative behavior
Implementation setting:	Community-based mental health agencies
Content delivered by:	Trained mental health professionals
Populations:	Urban Low-income At-risk Selective
Cost:	Treatment materials \$1000 per site; 1-week training and 1000 hours training/consulting over 12 months \$3000-\$4000 per person
Language:	English
Evidence Ratings:	Blueprints: Promising CrimeSolutions.gov: Effective

**Overview:** Parent-Child Interaction Therapy (PCIT) is a treatment program for young children with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. The program has been used with families with a history of physical abuse, children with prenatal substance exposure, and children with developmental disabilities. Parent-Child Interaction Therapy focuses on changing parenting practices and parent-child interactions to help prevent the recurrence of physical abuse in abusive families. In Parent-Child Interaction Therapy, parents are taught specific skills to establish or strengthen a nurturing and secure relationship with their child while encouraging prosocial behavior and discouraging negative behavior. Adaptations for physically abusive parents include participating in a motivational enhancement group before the start of the typical Parent-Child Interaction Therapy sessions, listening to testimonials from other successful parent completers, and completing exercises designed to change self-motivational and self-efficacy cognitions. In addition, children participate in a safety and skill-building group that runs concurrently with the parent group. Role-plays are used to further support abusive parents' identification of children's age-appropriate behaviors and use of praise.

The treatment has two phases, each focusing on a different parent-child interaction: child-directed interaction (CDI) and parent-directed interaction (PDI). In each phase, parents attend one didactic session to learn interaction skills and then attend a series of coaching sessions with the child in which they apply these skills. During the child-directed interaction phase, parents learn nondirective play skills similar to

# Parent-Child Interaction Therapy



those used in play therapy and engage their child in a play situation with the goal of strengthening the parent-child relationship. During the parent-directed interaction phase, parents learn to direct the child's behavior with clear, age-appropriate instructions and consistent consequences with the aim of increasing child compliance. Ideally, during coaching sessions, the therapist observes the interaction from behind a one-way mirror and provides guidance to the parent through a "bug-in-the-ear" hearing device. Parent-Child Interaction Therapy is generally administered in 15 weekly, 1-hour sessions in an outpatient clinic by a licensed mental health professional with experience working with children and families.

## Program Website:

<http://www.pcit.org/about/>

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## For additional information:

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=50336bc687eb161ee9fb0ddb8cf2b7e65bad865f>

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=171>

ChildTrends: <http://childtrends.org/?programs=parent-child-interaction-therapy>

Communities implementing Parent-Child Interaction Therapy may consider measuring some of the following items before, during, and after implementation: harsh or inconsistent parenting, exposure to violence, and child maltreatment.



For Ages	5 – 17 year olds (K through 12th grade)
Specific Outcomes:	Reduced rates of aggressive behavior, Increased rates of prosocial behavior
Implementation setting:	School and afterschool settings
Content delivered by:	Teachers and school staff
Populations:	Rural Urban Suburban Tribal
Cost:	Price varies depending on implementation efforts, ~\$85 – \$110 for PeaceBuilder Packs; accessories such as apparel, flags and posters \$10-\$45; Incentives \$0.50 – \$45
Language:	English
Evidence Ratings:	CrimeSolutions.gov: Promising

**Overview:** PeaceBuilders is a school-wide violence prevention program that is aimed at changing the school climate and is designed to promote prosocial behavior among students and adults. Children learn six simple principles: Praise people, Give up put-downs, Seek wise people, Notice and speak up about hurts we caused, Right wrongs and Help others. Adults reinforce and model behaviors at school, at home, and in public places. The underlying theory is that youth violence can be reduced by initiating prevention early in childhood, increasing children’s resilience, and reinforcing positive behaviors. The program activities work to facilitate and reinforce positive behavior among students. Activities may include assembling in a “PeaceCircle,” in which students compliment one another for acts of helpfulness, friendship, and accomplishment; assigning “preferrals” to the principal’s office as rewards for good behavior; and writing mediation essays (known as “PeaceTreaties”) after behaving inappropriately. Staff and students are encouraged to use “praise notes” to reinforce positive behavior and provide support for others. Students also complete activities from a specially designed comic book in which they are the hero. In addition, PeaceBuilders rules and principles are prominently displayed throughout the school to serve as constant reminders of prosocial behavior.

PeaceBuilders addresses the impact of social context on the development of violent behavior in youths by including four components to influence the neighborhood, community, and media: Parent education, to help parents create solutions to reduce aggression in their children. Marketing to families, designed to make the program’s goals known to families. This is done through advertising in fast-food restaurants, toy manufacturing, and public health campaigns. Collateral training, trains community volunteers who are interested in assisting with the PeaceBuilders program. Mass media tie-ins, designed to communicate the PeaceBuilders principles to the community in order to spread its positive message. It includes repetition and recognitions of specific tactics used in the program.

**Program Website:**

<http://www.peacebuilders.com/>

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**For additional information:**

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=76>

Communities implementing PeaceBuilders may consider measuring some of the following items before, during, and after implementation: aggression, prosocial behavior, and involvement in prosocial activities.



For Ages	5 – 18 years old
Specific Outcomes:	Lower rates of substance use, Lower rates of violence, Lower rates of sexual activity Lower rates of school suspensions and absenteeism, Lower rates of acceptance of use of violence
Implementation setting:	Schools
Content delivered by:	Teachers and school staff
Populations:	Black, American Indians/Alaska Native, Asian/Pacific Islander, Hispanic, White, Other Rural, Suburban, Urban
Cost:	Instructors Kit (age-appropriate, 30 students): \$390-\$460; Refresher Kits ~24% original kit; Climate Development Kit: \$460; Refresher Kits: \$200; Counselor Kit: \$150; Refresher Kit \$30; Complete Kit (K-5, 510 students, 17 teachers, Counselor's kit, Climate development kit): \$7,200-\$8,400.
Language:	English Spanish – most grade levels
Evidence Ratings:	Blueprints: Model CrimeSolutions.gov: Effective

**Overview:** Positive Action is a comprehensive program to improve, academics, behavior, and attitudes of children from preschool through high school. The grade-specific criteria range between 15 and 20 minutes per session and the number of sessions per week varies depending on grade. The program is based on 5 components that teach and reinforce that: one feels good about themselves when they do positive actions and there is a positive way to do everything, through physical, intellectual, social and emotional areas. The supplemental family kit provides 42 engaging 30-40 minute training sessions for families to complete together to learn positive actions as individuals, family members, parents and community members.



# Positive Action



## Program Website:

<http://www.positiveaction.net/programs/index.asp?ID1=1&ID2=14>

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## For additional information:

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=58f0744907ea8bd8e0f51e568f1536289ceb40a5>

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=113>

Communities implementing Positive Action may consider measuring some of the following items before, during, and after implementation: substance use and availability of alcohol and drugs, age at onset of problem behaviors, violent behavior and attitudes toward violence, school dropout, community disorder, family conflict, and gang involvement.



# Positive Behavioral Interventions and Supports (PBIS)



For Ages	3 – 17 years old
Specific Outcomes:	Decrease aggression, Increase prosocial behavior, Improved emotional regulation, Reduction in student discipline
Implementation setting:	Schools
Content delivered by:	Trained School Staff
Populations:	Universal African American
Cost:	Varies
Language:	English and Spanish
Evidence Ratings:	This program is not endorsed by Blueprints or CrimeSolutions.gov. It is included because it addresses expectations for school behavior and school climate. There are limited programs and strategies that have strong evidence of effectiveness in this area. More research is needed to evaluate the efficacy of this program in preventing violence.

**Overview:** Positive Behavioral Interventions and Supports is a framework or approach for assisting school personnel in adopting and organizing evidence-based behavioral interventions into an integrated continuum that enhances academic and social behavior outcomes for all students. Positive Behavioral Interventions and Supports is a prevention-oriented way for school personnel to (a) organize evidence-based practices, (b) improve their implementation of those practices, and (c) maximize academic and social behavior outcomes for students. A team of ten representative members, administrators, classified, and regular and special education teachers, will attend a two or three day training provided by skilled trainers. The school will focus on three to five behavioral expectations that are positively stated and easy to remember. After the School-wide Positive Behavior Support team determines the 3-5 behavioral expectations that suit the needs of their school, they will take this information back to the staff to ensure at least 80% of the staff buy into the chosen expectations. The next activity the School-wide Positive Behavior Support team will begin is the fine tuning of the office discipline referral form. It is very important that every staff member is consistent. For example, if it is not permissible to use a cell phone in band class then it has to not be permissible in art class.

Core principles of Positive Behavioral Interventions and Supports:

1. We can effectively teach appropriate behavior to all children.
2. Intervene early.
3. Use of a multi-tier model of service delivery. Use research-based, scientifically validated interventions to the extent available.



# Positive Behavioral Interventions and Supports (PBIS)



4. Monitor student progress to inform interventions.
5. Use data to make decisions.
6. Use assessment for three different purposes.

## Program Website:

<http://www.pbis.org/school/default.aspx>

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Communities implementing Positive Behavioral Interventions and Supports may consider measuring some of the following items before, during, and after implementation: aggression and positive social orientation.



# Positive Family Support-Family Checkup

(Formerly Adolescent Transitions Program)



For Ages	10 – 14 years old (middle school)
Specific Outcomes:	Increased parent monitoring, Reduced parent conflict, Delayed onset of substance use, Reduced antisocial behavior
Implementation setting:	Schools
Content delivered by:	Trained Parent Consultant
Populations:	Rural Universal Selective
Cost:	This information is not available
Language:	English
Evidence Ratings:	Blueprints: Promising CrimeSolutions.gov: Effective

**Overview:** Positive Family Support-Family Checkup, formerly Adolescent Transitions Program, is a multilevel, family-centered intervention targeting children who are at risk for problem behavior or substance use. Designed to address the family dynamics of adolescent problem behavior, it is delivered in the middle school setting to parents and their children. The parent-focused curriculum concentrates on developing family management skills such as making requests, using rewards, monitoring, making rules, providing reasonable consequences for rule violations, problem-solving, and active listening. Strategies for parents are based on evidence about the role of coercive parenting strategies in the development of problem behaviors in youth. The curriculum for teens takes a social learning approach to behavior change and concentrates on setting realistic goals for behavior change, defining reasonable steps toward goal achievement, developing and providing peer support for prosocial and abstinent behavior, setting limits, and learning problem-solving.

The intervention uses a “tiered” strategy with each level (universal, selective, and indicated) building on the previous level. The universal level is directed to the parents of all students in a school. Program goals at this level include engaging parents, establishing norms for parenting practices, and disseminating information about risks for problem behavior and substance use. At the selective level of intervention, the Family Check-Up, assessment, and support are provided to identify those families at risk for problem behavior and substance use. At the indicated level, direct professional support is provided to parents based on the results of the Family Check-Up through services including behavioral family therapy, parenting groups, or case management services. Program activities are led by group leaders and include parent group meetings, individual family meetings, and teen group sessions, as well as monthly booster sessions for at least 3 months following completion of the group. Meetings and sessions may include discussion and practice of a targeted skill, group exercises (either oral or written, depending on group needs), role-plays, and setting up

# Positive Family Support-Family Checkup

(Formerly Adolescent Transitions Program)



home practice activities. Many of the skill-building exercises include activities that parents and children do together. Each curriculum also has six accompanying videotapes that demonstrate the program's targeted skills and behaviors.

## Program Website:

<http://cfc.uoregon.edu/intervention-fcu.htm>

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## For additional information:

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=b16a457a3302d7c1f4563df2ffc96dccf3779af7>

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=289>

Communities implementing Positive Family Support-Family Checkup may consider measuring some of the following items before, during, and after implementation: Parental monitoring and conflict, age at onset of substance use, antisocial behavior, and attitudes toward antisocial behavior.



For Ages	11 – 14 years old (6th through 8th grade) 14 – 17 years old (9th, 11th, and 12th grade)
Specific Outcomes:	Lower rates of alcohol use, Reduced rates of smoking and substance use
Implementation setting:	Schools
Content delivered by:	Teachers
Populations:	Rural, Universal
Cost:	Set of 4-CDs \$595 (includes 6th, 7th, and 8th grade curriculum and 1 program guide); High School (7 sets of 8 CDs and a training manual) \$595
Language:	English and Spanish
Evidence Ratings:	Blueprints: Promising CrimeSolutions.gov: Promising

**Overview:** Project Northland is a school- and community-wide intervention designed to reduce adolescent alcohol use. The program includes six years of programming spanning seven academic years and is multi-level, involving individual students, parents, peers, and community members, businesses, and organizations. The program targets schoolchildren who are before and at the age of early alcohol initiation and offers them prevention and knowledge. The success of this program lies in its comprehensive and long-term design. In sixth grade, student and parent communication is targeted by requiring parents and children to complete homework assignments together that describe adolescent alcohol use. Group discussions regarding this topic are held in school, and a community-wide task force is also created to address young adult alcohol use. The community task force discusses alcohol-related ordinances, and businesses provide discounts for those adolescents who pledge to be alcohol and drug free. In seventh grade, a peer- and teacher-led classroom curriculum focuses on resistance skills and normative expectations regarding teen alcohol use and is implemented using discussions, games, problem-solving, and role plays. In eighth grade, students are encouraged to become active citizens. They interview influential community members about their beliefs and activities concerning adolescent drinking and conduct town meetings to make recommendations for the community's help in preventing alcohol use. In ninth grade, the curriculum addresses pressures to drink and drive, or to ride with a drinking driver, the influences and tactics of alcohol advertising, and ways to deal with those influences. No programming is delivered in tenth grade. In the eleventh and twelfth grades, the intervention builds upon the early adolescent program components with new strategies for the students' last years in high school while emphasizing changes in the social environment of young people. Through these debates and discussions, students are able to change the social norms surrounding alcohol use and convert negative peer pressure into positive peer pressure.



# Project Northland



## Developer Website:

<http://www.epi.umn.edu/projectnorthland/schoolba.html>

## Purchasing Website:

<http://www.hazelden.org/web/go/projectnorthland>

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## For additional information:

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=e1822db470e60d090affd0956d743cb0e7cdf113>

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=184>

Communities implementing Project Northland may consider measuring some of the following items before, during, and after implementation: alcohol and substance use, and attitudes toward antisocial behavior.



# Project Toward No Drug Abuse



For Ages	13 – 19 years old
Specific Outcomes:	Lower rates of substance use (tobacco, marijuana, and hard drugs), Lower rates of alcohol use, Lower rates of weapon carrying (among males only)
Implementation setting:	School
Content delivered by:	Health Educator
Populations:	Universal Selective
Cost:	Training \$3,000-\$3,500 plus travel reimbursement ~\$1,500 per day; Teachers manual \$90; Set of 5 student workbooks \$60; Game board \$15
Language:	English and Spanish
Evidence Ratings:	Blueprints: Model CrimeSolutions.gov: Promising

**Overview:** Project Toward No Drug Abuse is an interactive program designed to help high school youths resist substance use. This school-based program consists of twelve 40- to 50-minute lessons that include motivational activities, social skills training, and decision-making components that are delivered through group discussions, games, role-playing exercises, videos, and student worksheets over a 4-week period.

The program was originally designed for high-risk youth in continuation, or alternative, high schools and consisted of nine lessons developed using a motivation-skills–decision-making model. The instruction to students provides cognitive motivation enhancement activities to not use drugs, detailed information about the social and health consequences of drug use, and correction of cognitive misperceptions. It addresses topics such as active listening skills, effective communication skills, stress management, coping skills, tobacco cessation techniques, and self-control—all to counteract risk factors for drug abuse relevant to older teens. The program can be used in a self-instruction format or run by a health educator.





# Project Toward No Drug Abuse



## Program Website:

<http://tnd.usc.edu/>

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## For additional information:

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=f1f836cb4ea6efb2a0b1b99f41ad8b103eff4b59>

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=73>

Communities implementing Project Toward No Drug Abuse may consider measuring some of the following items before, during, and after implementation: substance use, and weapon carrying.



# Promoting Alternative THinking Strategies (PATHS)



For Ages	3 – 12 years old (Pre-Kindergarten through grade 6)
Specific Outcomes:	Lower rates of conduct problems and aggression, Improved self-control
Implementation setting:	Schools
Content delivered by:	Health Educator
Populations:	White, African American Urban, Suburban, Rural, Universal
Cost:	Varies by grade level and quantity; PreK \$660-\$770 to 6th Grade \$380-\$470. Program costs range from \$15 to \$45 per student/year
Language:	English, French, Greek, Hebrew, and Spanish
Evidence Ratings:	Blueprints: Model CrimeSolutions.gov: Effective

**Overview:** Promoting Alternative THinking Strategies (PATHS) is a school-based program for preschool and elementary school children to enhance areas of socio-emotional development. Content areas include self-control, self-esteem, emotional awareness, social skills, friendships, and interpersonal problem-solving skills while reducing aggression and other behavior problems. Teachers receive 2 to 3-day training and in bi-weekly meetings with the curriculum consultant. The curriculum is taught three times a week over the course of a school year and provides teachers with systematic, developmentally-based lessons, materials, and instructions. Promoting Alternative THinking Strategies lessons include instruction in identifying and labeling feelings, expressing feelings, managing feelings, reduce stress, understanding of others perspectives, and non-verbal and verbal communications.

## Program Website:

<http://www.prevention.psu.edu/projects/PATHS.html>

## For additional information:

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=b6692ea5df920cad691c20319a6fffd7a4a766b8>

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=193>

Communities implementing Promoting Alternative THinking Strategies may consider measuring some of the following items before, during, and after implementation: aggression and conduct problems, age at onset of problem behaviors, and attitudes toward antisocial behavior.

# Raising Healthy Children Program



For Ages	Kindergarten through 12th grade
Specific Outcomes:	Increased school commitment, Improved academic achievement, Increased social competency, Lower frequency of alcohol and marijuana use, Reduced levels of antisocial behavior
Implementation setting:	Schools
Content delivered by:	Teachers
Populations:	Suburban Urban Universal Selective
Cost:	Per teacher, 3 years training and coaching ~\$3000
Language:	English Spanish
Evidence Ratings:	Blueprints: Promising CrimeSolutions.gov: Promising

**Overview:** Raising Healthy Children (RHC) is a comprehensive primary prevention program that infuses social, emotional, and cognitive skill training into the classroom and school activities. It concentrates on enhancing protective factors with the goal of promoting positive youth development, reducing identified risk factors, and preventing adolescent problem behaviors. Components of the intervention are targeted to teachers, students, and parents to affect the family, school, peer, and individual domains. Teachers participate in a variety of workshops, ranging from proactive classroom management to student involvement and participation to interpersonal and problem-solving skills. They also receive classroom coaching and are given time to observe other teachers implementing Raising Healthy Children.

This five-session curriculum for parents of students in kindergarten through third grade enhances parents' skills in effective behavior management. The interactive sessions, led by a team of two workshop leaders (a member of the Implementation Team and one other leader), help parents: develop effective guidelines for their child's behavior, teach their children expectations for behavior, pinpoint problem behaviors, use the "Law of Least Intervention" to select from a menu of effective discipline strategies, and build strong bonds with their child. Each two-hour session involves skill demonstration and modeling, role-play, small- and large-group discussion, and opportunities for parents to share with and learn from each other. For the last 20-25 minutes of each session, children join their parents for "Family Practice." During Family Practice, parents and children engage in fun activities designed to allow parents to practice their new skills, with coaching and guidance from the workshop leaders.



# Raising Healthy Children Program



## Program Website:

<http://www.sdrp.org/rhcsurvey.asp>

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## For additional information:

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=5e06d22c8893e27d5a7243bd185faa94cc593072>

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=202>

Communities implementing Raising Healthy Children may consider measuring some of the following items before, during, and after implementation: age at onset of problem behavior, antisocial behavior, social rejection, substance use, school commitment and academic achievement.



# Richmond Comprehensive Homicide Initiative



For Ages	12 – 30 years old
Specific Outcomes:	Fewer homicides
Implementation setting:	Community settings
Content delivered by:	Police
Populations:	Urban High crime neighborhoods
Cost:	There is no information available for this program
Language:	Varies by community
Evidence Ratings:	CrimeSolutions.gov: Promising

**Overview:** The Richmond (California) Comprehensive Homicide Initiative is a problem-oriented policing program composed of a broad collection of enforcement and non-enforcement strategies designed to reduce homicides. The initiative included the development of numerous enforcement and non-enforcement strategies. Non-enforcement strategies, characterized as prevention/intervention strategies, consisted of:

- Collaborating with the community, the Richmond Public Works Department, and the Housing Authority in a crime-reduction planning process emphasizing aesthetics and community pride
- Using the Richmond Police Athletic League Computer Center to provide job skills training to Richmond youths and adults
- Collaborating with the Richmond public schools to enlist officers in an adopt-an-elementary-school program and to develop a middle school mentoring program involving Drug Abuse Resistance Education (or D.A.R.E.) officers and high school students
- Collaborating with the Contra Costa County Probation Department to develop a probation-officer-on-campus program for high schools
- Collaborating with the juvenile justice system to develop a youth court program
- Collaborating with the Battered Women’s Alternatives and the Rape Crisis Coalition to support programs and practices to reduce domestic violence



# Richmond Comprehensive Homicide Initiative



## Program Information:

<https://www.ncjrs.gov/pdffiles/168100.pdf>

## Program Website:

<http://www.ci.richmond.ca.us/index.aspx?NID=82>

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## For additional information:

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=244>

Communities implementing the Richmond model may consider measuring some of the following items before, during, and after implementation: exposure to violence, homicides.



# Steps to Respect: A Bullying Prevention Program



For Ages	8 – 12 year olds
Specific Outcomes:	Improved social competence and connectedness, Decreased vulnerability to bullying, Increased pro-social behavior
Implementation setting:	Schools
Content delivered by:	Teachers and school staff
Populations:	Suburban
Cost:	\$860
Language:	English
Evidence Ratings:	Blueprints: Promising CrimeSolutions.gov: Effective

**Overview:** The Steps to Respect: A Bullying Prevention Program is a school-based program to decrease bullying problems among 3rd to 6th grade students. This program aims to increase school staff awareness and responsiveness to bullying, foster socially responsible beliefs, and teach social-emotional skills to counter bullying and promote healthy relationships, as well as promote social skills. The three components to this program are: a school-wide program guide, staff training, and classroom lessons. The program guide presents an overview of curriculum content, goals of the program, and a blueprint for developing schoolwide policies and procedures. The staff training is a core instructional component for all student staff featuring program goals a key feature of the program. Counselors, administrators, and teachers receive additional training in how to coach students involved in bullying. The classroom curriculum is comprised of skill and literature based lessons over a 12- to 14-week period. Each of the 3 level kits includes 11 skill and 2 literature unit sections with 7-10 lessons each. Skills lessons are taught weekly in 20-30 minute sessions. Literature lessons include 30-45 minutes sessions to explore bullying-related themes through children's books.

## Program Website:

<http://www.cfchildren.org/steps-to-respect>

## For additional information:

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=bc15c774dca4499ea6fb42da7d216ca54f8c697e>

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=279>

Communities implementing Steps to Respect may consider measuring some of the following items before, during, and after implementation: aggression, attitudes toward antisocial behavior, positive social orientation, and connectedness.



# Strengthening Families: For Parents and Youth 10–14 Years of Age



For Ages	10-14 years old (Youth)
Specific Outcomes:	Positive social skills (internalizing and externalizing behaviors), Improved positive parenting, Lower rates of initiation and use of alcohol and substances, Lower rates of aggressive and hostile behaviors, Lower rates of cigarette use
Implementation setting:	Schools or community-based agencies
Content delivered by:	Trained facilitators
Populations:	Multicultural and multiethnic: Rural and Urban African Americans, American Indians, Hispanics, and Hawaiians Both high-risk and universal family settings Urban, Suburban, Rural, and Tribal
Cost:	Materials: \$450 for each age group (CD-ROM); Strengthening Families Program Leader Training: \$3,100-\$3,600 (optional); Evaluation Services: \$2,000-\$20,000/annually (optional)
Language:	English and Spanish
Evidence Ratings:	Blueprints: Promising CrimeSolutions.gov: Effective

**Overview:** The Strengthening Families Program is an evidence-based family skills training program found to significantly reduce aggression, hostile behaviors, and alcohol and drug abuse as well as improve social competences and school performances. The weekly, two-hour sessions include separate parent and child skills-building followed by a family session where parents and children practice the skills they have learned independently, work on conflict resolution and communication, and engage in activities to increase family cohesiveness and positive involvement of the child in the family. Parents are taught to use appropriate disciplinary practices, manage strong emotions regarding their children, and effective communication through presentations, role-playing, group discussions, and other skill-building activities. Children are taught refusal skills for dealing with peer pressure and other personal and social interactional skills by engaging in small and large group discussions, group skill practice, and social bonding activities. Family sessions include games and projects to increase family bonding and improve communication skills that facilitate learning to solve problems together. These sessions are led by three-person teams and include an average of 8 families per session.





# Strengthening Families: For Parents and Youth 10–14 Years of Age



## Program Website:

<http://www.strengtheningfamiliesprogram.org/>

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## For additional information:

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=e54183e2a040e6c09e61eb22d542e3d57074b351>

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=190>

Communities implementing Strengthening Families: For Parents and Youth 10–14 Years of Age may consider measuring some of the following items before, during, and after implementation: aggression, violent delinquency, substance use, family conflict, parental involvement, monitoring and supervision.



# Strong African American Families

For Ages	10 – 14 years old, and primary caregivers
Specific Outcomes:	Lower likelihood to use alcohol , Lower rates of conduct problems, Improved parent-youth communication
Implementation setting:	Schools or community-based agencies
Content delivered by:	Trained facilitators
Populations:	African Americans Rural
Cost:	Facilitator training and materials \$7000
Language:	English
Evidence Ratings:	Blueprints: Promising CrimeSolutions.gov: Effective

**Overview:** Strong African American Families is a family intervention for African American youths and their primary caregivers. The program aims to reduce substance use and behavior problems among youth by strengthening positive family interactions, preparing youths for their teen years, and enhancing caregivers' efforts to help youths reach positive goals. Facilitators engage youth and caregivers through seven weekly 2-hour sessions. The first hour, youth and caregivers view selected videos and discuss the contents focus. In the second hour, youth and caregivers come together to discuss and practice the skills they learned in their individual group sessions. The youth sessions focus on following house rules, adaptive ways of responding to racism, the formation of goals for the future and a plan to attain them, as well as skills for resisting early sexual behavior, substance use, and other risky behaviors. The caregiver sessions address ways to monitor youth behavior, encourage adaptive ways to address racism, and develop communication skills to address sexual behavior, substance use and risky behavior. This program should be implemented by a trained facilitator experienced in working with families and youth.

## Program Website:

<http://www.cfr.uga.edu/saaf1>

## For additional information:

Blueprints: <http://www.blueprintsprograms.com/factSheet.php?pid=f76b2ea6b45eff3bc8e4399145cc17a0601f5c8d>

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=41>

Communities implementing Stronger African American Families may consider measuring some of the following items before, during, and after implementation: substance use, conduct disorder, age at onset of problem behavior, family conflict, and perceived parental expectations.



# Supporting School Success

(Formerly Seattle Social Development Project, Preparing For School Success)



For Ages	1st – 6th grade (5-12 years old)
Specific Outcomes:	Decreased aggression, Decreased antisocial behavior, Reduced delinquency Reduced sexual activity, Increased school commitment, Reduced substance use
Implementation setting:	School
Content delivered by:	Teachers
Populations:	Universal High-risk
Cost:	Core program \$700; Leader's Package \$1050; Family Guide ~\$27 each
Language:	English

**Overview:** Supporting School Success is a universal, multidimensional intervention decreasing problem behaviors among 1st – 6th grade (5-12 years old) by working with parents, teachers, and children. It incorporates both social control and social learning theories and intervenes early in children's development to increase positive social bonding, strengthen attachment and commitment to schools, and decrease delinquency. Parents in the Supporting School Success program learn how to support their child's academic achievement, improve communication at home, and reduce misbehavior.

Teachers receive instruction that emphasizes proactive classroom management, interactive teaching, and cooperative learning. When implemented, these techniques minimize classroom disturbances by establishing: clear rules and rewards for compliance; increase children's academic performance; and allow students to work in small, heterogeneous groups to increase their social skills and contact with peers. In addition, first-grade teachers teach communication, decision-making, negotiation, and conflict resolution skills; and sixth-grade teachers present refusal skills training.

Parents receive optional training programs throughout their children's schooling.

- When children are in 1st and 2nd grade, 7 sessions of family management training help parents monitor children and provide appropriate and consistent discipline.
- When children are in 2nd and 3rd grade, 4 sessions encourage parents to: improve communication between themselves, teachers, and students; create positive home learning environments; help their children develop reading and math skills; and support their children's academic progress.
- When children are in 5th and 6th grade, 5 sessions help parents create family positions on drugs and encourage children's resistance skills.



# Supporting School Success

(Formerly Seattle Social Development Project, Preparing For School Success)



## Program Website:

<http://www.ssdp-tip.org/SSDP/index.html>

## Purchasing Website:

<http://www.channing-bete.com/prevention-programs/supporting-school-success/supporting-school-success.html>



# Trauma-Focused Cognitive Behavioral Therapy



For Ages	3 – 18 year olds
Specific Outcomes:	Fewer PTSD symptoms , Lower rates of problem behaviors Greater use of effective parenting, Lower rates of sexualized behaviors
Implementation setting:	Community-based counseling or mental health center
Content delivered by:	Licensed therapist
Populations:	Rural Urban Suburban Children in foster care
Cost:	Required: On-site clinical training; varies depending on site needs; 10-hour online training, free; Consultation call 2-times/month for 6 months \$200-\$300. Optional: Intervention Manual \$31 each; Learning collaborative, varies depending on site needs.
Language:	English and Spanish
Evidence Ratings:	CrimeSolutions.gov: Effective

**Overview:** Trauma-Focused Cognitive Behavioral Therapy (TF–CBT) aims to treat serious emotional problems such as posttraumatic stress, fear, anxiety, and depression by teaching children and parent’s new skills to process thoughts and feelings resulting from traumatic events. By providing the child and the care-giving parents with the support, skills, and techniques to process traumatic events and their psychological consequences, Trauma-Focused Cognitive Behavioral Therapy aims to minimize the resulting emotional disorders. Trauma-Focused Cognitive Behavioral Therapy was created for young people who have developed significant emotional or behavioral difficulties following exposure to a traumatic event (e.g., loss of a loved one, physical abuse, sexual abuse, domestic or community violence, motor vehicle accidents, fires, tornadoes, hurricanes, industrial accidents, terrorist attacks). The program targets boys and girls from different socioeconomic backgrounds, from diverse ethnic groups, and in a variety of settings.

Trauma-Focused Cognitive Behavioral Therapy focus is to help children talk directly about their traumatic experiences in a supportive environment. The program operates through the use of a parental treatment component and several child–parent sessions. The parent component teaches parents parenting skills to provide optimal support for their children. The parent–child session encourages the child to discuss the traumatic events directly with the parent and both the parent and child to communicate questions, concerns, and feelings more openly. Typically, Trauma-Focused Cognitive Behavioral Therapy is implemented as a relatively brief intervention, usually lasting from 12 to 18 weekly sessions. These aim to provide the parents and children with the skills to better manage and resolve distressing thoughts, emotions, and reactions related to traumatic life events; improve the safety, comfort, trust, and growth in the child; and develop parenting skills and family communication.



# Trauma-Focused Cognitive Behavioral Therapy



## Program Website:

<http://tfcbt.musc.edu/>

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## For additional information:

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=195>

Communities implementing Trauma-Focused Cognitive Behavioral Therapy may consider measuring some of the following items before, during, and after implementation: parenting, and conduct disorder.



# Triple P - Positive Parenting Program



For Ages	0 – 5 years old (Early childhood) 6 – 12 years old (Childhood)
Specific Outcomes:	Lower rates of conduct problems and peer relationship problems, Reductions in coercive parenting. Lower rates of child maltreatment, out-of-home placements, hospitalizations and emergency department visits for child injuries, Lower rates of dysfunctional, coercive parental discipline strategies
Implementation setting:	Community-based agencies
Content delivered by:	Trained therapists or facilitators
Populations:	Varies: depends upon level selected for implementation
Cost:	Training \$20,000-\$25,000 for up to 20 practitioners Parent workbook \$20-\$32 per participant Positive parenting book \$6.50 per participant Parenting tip sheet \$8-\$11 for a set of 10
Language:	English and Spanish
Evidence Ratings:	Blueprints: Promising CrimeSolutions.gov: Effective

**Overview:** The Triple P - Positive Parenting Program is a multilevel system support strategies for families with children from birth to age 12, with extensions to families with teenagers ages 13 to 16 can be used for early intervention and treatment. Developed for use with families from many cultural groups, Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents’ knowledge, skills, and confidence. Triple P has five intervention levels of increasing intensity to meet each family’s specific needs. Each level includes and builds upon strategies used at previous levels:

- Level 1 (Universal Triple P) is a media-based information strategy designed to increase community awareness of parenting resources, encourage parents to participate in programs, and communicate solutions to common behavioral and developmental concerns.
- Level 2 (Selected Triple P) provides specific advice on how to solve common child developmental issues (e.g., toilet training) and minor child behavior problems (e.g., bedtime problems). Included are parenting tip sheets and videotapes that demonstrate specific parenting strategies. Level 2 is delivered mainly through one or two brief face-to-face 20-minute consultations.
- Level 3 (Primary Care Triple P) targets children with mild to moderate behavior difficulties (e.g., tantrums, fighting with siblings) and includes active skills training that combines advice with rehearsal and self-evaluation to teach parents how to manage these behaviors. Typically in the form of four 20-minute sessions.



# Triple P - Positive Parenting Program



- Level 4 (Standard Triple P and Group Triple P), an intensive strategy for parents of children with more severe behavior difficulties (e.g., aggressive or oppositional behavior), is designed to teach positive parenting skills and their application to a range of target behaviors, settings, and children. Level 4 is delivered in 10 individual or 8 group sessions totaling about 10 hours.
- Level 5 (Enhanced Triple P) is an enhanced behavioral family strategy for families in which parenting difficulties are complicated by other sources of family distress (e.g., relationship conflict, parental depression or high levels of stress). Enhanced Triple P extends Standard Triple P by adding three to five sessions tailored to the needs of the family.

## Program Website:

<http://www.triplep-america.com/>

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## For additional information:

Blueprints <http://www.blueprintsprograms.com/factSheet.php?pid=07fd89a40a3755e21a5884640f23eaf59b66df35>

CrimeSolutions.gov: <http://www.crimesolutions.gov/ProgramDetails.aspx?ID=80>

Communities implementing Triple-P may consider measuring some of the following items before, during, and after implementation: child maltreatment, conduct problems, exposure to violence, parental monitoring and supervision.





# Youth Empowerment Solutions



For Ages	11-18 years old
Specific Outcomes:	Increased prosocial attitudes, Increased interaction with prosocial adults Engages youth in community activities, Improved physical space in target neighborhoods
Implementation setting:	Community
Content delivered by:	Trained staff
Populations:	Urban
Cost:	All program materials are available at no charge; some cost may be accrued for program staff
Language:	English
Evidence Ratings:	This program is not endorsed by Blueprints or CrimeSolutions.gov. It is included because it addresses community disorder, physical space improvement, and youth empowerment at a community level. There are limited programs and strategies that have strong evidence of effectiveness in these areas. More research is needed to evaluate the efficacy of this program in preventing violence.

**Overview:** The goals of the Youth Empowerment Solutions (YES) program are to provide youth with opportunities for meaningful involvement in preventing youth violence and creating community change, enhance neighborhood organizations’ ability to engage youth in their activities, and change the social and physical environment to reduce and prevent violence (especially youth violence). The project involves youth in the process of changing community physical and social environments and includes three components: 1) youth empowerment activities; 2) neighborhood organization development; and 3) community development projects that involve youth and organizations working together. Youth empowerment activities include workshops for program planning, budgeting, implementation, and evaluation; opportunities to engage peers in community change efforts; developing ethnic identity and pride; and working with adults to achieve these goals.

Youth Empowerment Solutions provides training and support so that partners gain a heightened awareness about their issue of interest, and learn how to identify and take advantage of opportunities to engage in local, national, and international advocacy work. Youth become competent community advocates by receiving training in such areas as public speaking, media literacy, community assessment, gathering community support, working with policymakers, and evaluation.

# Youth Empowerment Solutions



## For additional information:

<http://prc.sph.umich.edu/research/yes/>

Communities implementing Youth Empowerment Solutions may consider measuring some of the following items before, during, and after implementation: community disorder, involvement with non-parental prosocial adults, and positive social orientation.

